



Capitol Region Watershed District

595 Aldine Street • Saint Paul, MN 55104
 T: 651-644-8888 • F: 651-644-8894 • capitolregionwd.org

CRWD Maintenance Grant Reimbursement Form

Due by December 1 of each year. Include work completed this calendar year.

Grantee Information

Name	
Project Address	Email
City, State, Zip	Phone

Description of work completed this year:

Project Costs and In-Kind Labor (time spent completing work is reimbursable at \$25/hour/person*)

Item/Hours	Cost
Total Cost	\$
Minimum Grant Award	\$200
Maximum Grant Award	\$2,000
Grantee Match Requirement	50% (25% in Focus Area)
Requested Reimbursement Amount	\$

Continued on Page 2



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I certify that this is an accurate and true summation of the actual costs of labor, equipment and materials used for the project.	
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Grantee Signature	Date
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Please attach itemized receipts or paid invoices for each line item. Items without a receipt will not be eligible for reimbursement. A check for the grant amount will be mailed to the address provided within 60 days from approval.

*Time spent by grantees doing maintenance work themselves or through a volunteer event can be included toward grantee match as in-kind labor at \$25/hour/person.

Send completed form and required materials to Urban BMP Technician Rachel Funke at:

rfunke@capitolregionwd.org or
 Capitol Region Watershed District
 595 Aldine Street
 Saint Paul, MN 55104

For CRWD Use:

Grant #	Reason if Not Approved
Approved Reimbursement Amount \$	
Staff Signature	Date